

1-28-97 B- 0942 -c
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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16721 (5)

1. Corporation Name

JOHNSON CONTROLS WORLD SERVICES EMPLOYEES' RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

G.M. OFFICE, HANGAR 1 ANNEX
P.O. BOX 1288, MU LBS 5010
CAPE CANAVERAL FL 32930

BETSY FRENCH
P.O. BOX 1288, LBS 5050
CAPE CANAVERAL FL 32920-1288
US

3. Date Incorporated or Qualified
09/10/1986

3a. Date of Last Report
04/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2796644

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRENCH, BETSY
170 SE 1ST STREET
SATELLITE BEACH FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PIAZZA, DAN
STREET ADDRESS 2647 HEREFORD ROAD
CITY-ST-ZIP MELBOURNE FL 32935

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2405 SADDLER LANE
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME WRIGHT, LINDA P
STREET ADDRESS 250 ASTRONAUT LANE
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME FRENCH, BETSY B
STREET ADDRESS 170 SE 1ST STREET
CITY-ST-ZIP SATELLITE BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME JOHNSON, GARY L
STREET ADDRESS 1201 MYRTLE LANE
CITY-ST-ZIP COCOA FL 32922

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VICTORIA CRAIG
4.3 STREET ADDRESS 882 JAMTOWN DRIVE
4.4 CITY-ST-ZIP ROCKWELL FL 32955

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97
Date

407-853-3257
Daytime Phone # 0018904

CP2E037 (9/96)